



ARE WE OK—Baby and ME?

**Taking care of yourself & your
baby in the last three months of
pregnancy**

KNOW PREGNANCY DANGER SIGNS



**Tracking your unborn baby's
movement (doing kick counts)**



PREGNANCY DANGER SIGNS

If you have any of the danger signs listed below, it is important to tell your doctor or midwife **IMMEDIATELY!**

- ◆ Regular tightening (often painless) of your uterus (womb) or menstrual-like cramps before your due date
- ◆ Pressure in your pelvis, lower abdomen or groin
- ◆ Dull backache
- ◆ Loss of blood or watery fluid (may be leaking or gushing) from your vagina (birth canal)
- ◆ Pain, itching or unusual or increased discharge or foul smell from your vagina
- ◆ Tenderness of your uterus when pressed with the hand
- ◆ Persistent vomiting, chills or fever
- ◆ Severe headache, blurred vision or sudden swelling of your face, hands and/or feet
- ◆ Decrease in your baby's movement
- ◆ See next page for how to do kick counts

FOR MORE INFORMATION CALL:

**MATERNAL & INFANT
HEALTH PROGRAM**

801-538-9970

OR

BABY YOUR BABY HOTLINE

1-800-826-9662

OR

YOUR DOCTOR OR MIDWIFE



TRACKING YOUR UNBORN BABY'S MOVEMENT (How to do Kick Counts)

One way you can check your unborn baby's health is to do kick counts. By counting the number of times your baby moves during at least one time period each day, you will become more aware of the changes in his or her activity. You can start doing these "kick counts" in the seventh month (around 28 weeks) of your pregnancy.



To do kick counts:

- 1) Lie quietly on your side after dinner or anytime your baby is most active. Write down the time you start counting.
- 2) Count 10 separate and distinct times that your baby moves. Count your baby's kicks, turns, flops and stretches.
- 3) Write down the time that you feel the 10th movement.
- 4) If one hour passes with less than 10 movements, repeat steps 1 through 3 after changing position and drinking a glass of cold juice.



CALL YOUR DOCTOR OR MIDWIFE IF:

- ◆ You do not feel 10 movements after doing steps 1 through 4 above
- ◆ You notice a significant decrease in your baby's activity level



See the next page for a form to record your baby's kick counts



Your Baby's Activity Record



	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Date							
Start Time							
Stop Time							
Mins to reach 10 move-ments							
Date							
Start Time							
Stop Time							
Mins to reach 10 move-ments							
Date							
Start Time							
Stop Time							
Mins to reach 10 move-ments							

To download more activity forms go to:
www.health.utah.gov/mihp
 Click on "Public Info"; Under "During Pregnancy;"
 click on "Your Baby's Activity Record"



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